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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

723946

(0)

DELRAY ESTATES ASSOCIATION, INC.								
Principal Place of Business Mailing Address					108 1 88 1108 1110 176	OIDI OIBIL OHOIL OIBIL BIDEL	: BIBII BIBII 1481	
2095 CATHERINE DRIVE DELRAY BEACH FL 33445		2095 CATHERINE DRIVE DELRAY BEACH FL 33445						
					3. Date incorporated or Qualified 07/24/1972	3a. Date of Last 03/22/1		
Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-1507467	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			& Floation Comparing Financing	·	· · · · · · · · · · · · · · · · · · ·	
23		28			Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Country		8. This corporation has liability for in			
24	25	29	30			Yes No		
	9. Name and Address of Curre	nt Registered Agent	81	Name 📝	10. Name and Address of New Re	gistered Agent		
		ENDA THOMAS						
WALDMAN, DAYID 82					et Address (P.O. Box Number is Not Acceptable)			
2095 CATHERINE DR				_ <i>Q</i> 0	95 CATHERINE D	Pive		
DELRAY BEACH FL 33445			83	•				
			84	City 🔿 🔒	2	85 Zip	p Code	
				Dele	Ay BEACL	- FL う	3445	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am								
familiar with, an d a ccept the obligations of Section 617.0503. Florida Statutes 1								
SIGNATURE KINDE (MONTHS) Conductor					mas	5-10-96	<u>, </u>	
12.	Signature, typed or printed name of registered ager	it and title if applicable (NOT ND DIRECTORS	Hegistered Agent su	ignature required wh	nen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DEDS AND DIRECT/	DES IN: 10	
TITLE	PD	DELETE	1.1 TITLE		ALEMONS OF PRICE TO OFFIC	Change	Addition	
NAME	THOMAS, RENDA	_	1.2 NAME					
STREET ADDRESS	3137 SHERWOOD BLVD		1.3 STREET AD	IDBESS				
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-					
TITLE	VPD	DELETE	2 1 TITLE	T		Change	Addition	
NAME	SPAN, MERVIN	/ /	2.2 NAME	14	SPAN, MERVIN	***	l	
STREET ADDRESS	3401 NE THIRD AVE		2 3 STREET AD	DRESS	SPAN, MERVIN 2075 Linton Blud DELRAY BEACH FL.	. #1	į	
CITY-ST-ZIP	OAKLAND PARK FL		2 4 CITY-ST-	ZIP	DELRAY BEACH Fl.			
TITLE	TD	DELETE	3 1 TITLE	-	•	C Change	Addition	
NAME	ALEXANDER, WILLIAM W.		3.2 NAME	Ale	exander, William	w,	{	
STREET ADDRESS	1529 SE 12TH CT		3 3 STREET AC	DORESS 15	29 SE 11 2TH CT	_a .		
CITY-ST-ZIP	DEERFIELD BEACH FL		34 CiTY-ST-	ZIP DE	EERFIELD BEACH F	- L		
TITLE	SD FONA	DELETE	4 1 TITLE	SD	XANDER MAUREEN	☐ Change	X Addition	
NAME	FIFER, EDNA		4 2 NAME	1416	ANDER PHAREN			
STREET ADDRESS	2116 CATHERINE DR DELRAY BEACH FL		4 3 STREET AC		ERFIELD BEACH F	1		
CITY-ST-ZIP	DELIVAT BEAUTI FL	Doelete	4.4 CITY-ST-				Em Addition	
TITLE	COPPICK, J.T.	DELETE	5 1 TITLE	₩P7	DOWN TT	Change Change	Addition	
NAME STORES	9605B BOCA GARDENS		5.2 NAME	112	PROCK J.T. BEAR W	Ay		
STREET ADDRESS	BOCA RATON FL		5.3 STREET AC	1 (2)	LA RATON FI	-		
CITY-ST-ZIP TITLE	D	DELETE	61 TITLE	TD		☐ Change	Addition	
NAME	SPERRY, ALBERT	~~~	62 NAME	13.5	RK, JACK	One ago	23 / 100/01011	
STREET ADDRESS	5092 CORONADO RIDGE		63 STREET AC	IDBESS 17	14 CLYDESDALE DI	RIVE		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY - ST-		XAHATCHEE FI			
		with this filing is voluntarily furnis			the exemption stated in Section 119.0	7(3)(k), Florida Statut	tes. I further	

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-94 (401)2725290 Date Daylore Proper CR2E037 (12/95)